

**EMPLOYEE TERMINATION REPORT**

**T.A. WOODS COMPANY**  
**Original/Revised**

**Instructions for Completing this Report:** This report must be completed at the time of termination of employment. Complete all portions of the top section. Have the inactive employee read and sign the bottom section.

**Employee Name :** \_\_\_\_\_ **Social Security Number:** NA

**Job Title:** \_\_\_\_\_ **Company:** T.A. Woods Company

**Date of Termination:** \_\_\_\_\_ **Last Day:** \_\_\_\_\_

**Check reason For Termination (Check only one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Reduction of Force                        | <input type="checkbox"/> Job Abandonment                  |
| <input type="checkbox"/> Termination/Violation of Company Policies | <input type="checkbox"/> Attached Reduction of Force/Temp |
| <input type="checkbox"/> Termination/Unsatisfactory Performance    | <input type="checkbox"/> Invalid I-9                      |
| <input type="checkbox"/> Resignation With Notice                   | <input type="checkbox"/> Death                            |
| <input type="checkbox"/> Resignation Without Notice                | <input type="checkbox"/> Other: Services no longer needed |

**Check or Circle Appropriate Response**

Verbal or written counseling or warnings **were/were not** given to employee prior to termination (N/A for ROF).

Recommended for Rehire                      **Yes**    **No**    **N/A**

I **have/have not** notified the employee that any outstanding documents other than direct deposits, reimbursements, or the like will be mailed to the address recorded in the company's payroll system.

**I have collected the following items (should correlate with checklist at hire)**

- |   |   |
|---|---|
| <input type="checkbox"/> Truck Keys                     | <input type="checkbox"/> Purchase Order Book                  |
| <input type="checkbox"/> Truck and Site Tool Box Keys   | <input type="checkbox"/> Tool List Checked/All Returned       |
| <input type="checkbox"/> Company Phone and Charger      | <input type="checkbox"/> Outstanding Paperwork                |
| <input type="checkbox"/> Company Credit Cards           | <input type="checkbox"/> <b>Computer/Software, Storage</b>    |
| <input type="checkbox"/> TAW Policy/Procedure Books     | <input type="checkbox"/> Vehicle inspected-damage/cleanliness |
| <input type="checkbox"/> Building/Office Keys/Site Keys | <input type="checkbox"/> <b>Badges – MACC, Corning, etc</b>   |

**Supervisor's or Designee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

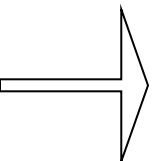
**To Be Completed by Terminated Employee**

I understand that my final paycheck(s) will be deposited in the direct deposit account as directed at hire. I understand that used PTO/Vac hours that have not been accrued as of the date of termination will be deducted from my paycheck. I understand the company will follow the provisions of Exective Order 13706 regarding sick days earned while working on federal projects, if applicable. I have been advised that my coverage under the Health Benefit Plan, if any, terminates at midnight on the last day of employment for medical, vision, dental, life and short-term disability, ancillary insurance as applicable. I understand that if I am covered by the company Health Benefit Plan Insurance, and if I want to continue my coverage, I must complete the Group Health Benefits Rights of Continuation Notice (COBRA Notice) which will be sent to me by WageWorks/Conexis or affiliate.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Company Copy - Return to Human Resources**



Note: All files inclusive of specifications, drawings, communication and the like are property of T.A. Woods Company. These are not to be copied, transferred, or transmitted for personal use and/or business use other than that of T.A. Woods Company.

All emails and documents generated using company property or generated based on employment with T.A. Woods Company are the property of T.A. Woods Company. These are not to be copied, transferred, or transmitted for personal and/or business use other than that of T.A. Woods Company.

**Payroll Deductions – Safe Harbor Policy**

The following will be deducted from your wages. Note associated documentation supporting payroll deductions was completed at hire and/or when deduction was initially approved or authorized:

Property Access Credentials – DBids, TWIC, Corning, other _____	\$ _____
Orientation PPE Package	\$ _____
Training (per agreement)	\$ _____
Company Vehicle Damage/Cleaning per policy	\$ _____
Other: _____	\$ _____

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_